

ER - IDD STABILIZATION PROTOCOL

CARING FOR PATIENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

DO	DON'T
Talk directly to the patient, using a soothing, calm voice tone	Talk around or over patients or talk about the “problem” or what happened in front of the person if it is re-escalating the crisis.
If limited verbal ability – ask how the patient communicates (device, ASL, writing, etc.)	Assume paid caregivers know them well - explore who is the best informant
Use their family member/caregiver as a resource	Miss the value in what patients have to say or are displaying
Actively listen and validate their concerns	Assume the patient will report concerns independently
Explain why you are recommending a medication, treatment, test in a way the patient can understand (may help to demonstrate what will occur on someone else)	Have the expectation that the patient trusts you – some individuals may respond negatively to doctors/hospitals/medical equipment (consider how you can minimize this component-ask the person or caregiver, see environmental considerations below)
Ask a lot of exploratory questions using plain language beyond yes/no answers, ask to elaborate in their own words, and check for understanding of the question	Assume everyone with a particular disability has the same needs - understand how it impacts each person individually
Build rapport and trust with the patient and caregiver for greater insight/disclosure	Focus solely on reducing/resolving the primary symptom – instead, work to identify what it is a symptom of
Take a whole person approach to evaluate contributing factors (medical or medication issues, mental health, social/meaningful relationship and engagement, environmental, recent stressors, trauma history, etc.)	Assume a presenting symptom is normal for them – ask!
Practice patience and kindness at all times, both the patient and caregivers may be in crisis	Avoid approaching the patient from the front which may cause anxiety and fight/flight
Explore baseline information – what is typical for the person, when was the last time they were doing well, how they typically respond to specific treatments, touch, possible challenges, increased frequency or stress, loss of skills, change in function, etc.	Assume the presenting symptoms are related to their IDD – evaluate missed underlying medical causes (constipation, UTI, dental, pain, med side effects, etc.) or mental health causes (depression, anxiety, etc. is more prevalent and under-treated in individuals with IDD)
Approach the patient calmly and from the side during physical exam and describe what you are doing	Ignore sensory sensitivities
Talk with them about their interests to briefly distract if needed during a procedure	Try to rush through your evaluation and treatment, if safe; it may escalate the patient
Ask if the person has a legal guardian/conservator that needs to be included in treatment decisions. The person may not have a conservator and be a competent adult able to make their own treatment decisions. In either scenario, they should be properly informed of their options.	Assume the person is unable to understand or participate in treatment options or provide assent or consent.

ENVIRONMENTAL CONSIDERATIONS

- Train all direct-care staff on how to communicate with people with IDD calmly without anger or reprimand and seek to understand what is causing their distress.
- Have sensory/calming items available such as stress balls, fidgets, noise cancelling headphones
- Make efforts to reduce sensory or other known triggers –
 - **Visual** - flickering, fluorescent lighting, bright contrasting colors (pastels/pale colors are more calming), a lot of items in the room
 - **Audio** - loud or unexpected sounds, loud TVs or music, humming mechanical noises, warn of any procedural sounds (e.g. blood pressure cuff deflating), repetitive noises
 - **Tactile** -light or firm touch, scratchy clothing, certain materials (latex, cotton, etc.), food and medication textures, tastes (strong, bitter, sour)
 - **Scents** – avoid strong scents (air fresheners, perfumes, ammonia, alcohol)
 - **IDEAL**: have a calm, low-sensory room available when needed
 - Ask about other known triggers (e.g. white lab coats, specific medical equipment, etc.)
- Understand that waiting may prove difficult for the patient. Communicate wait times and ask what would be helpful for them to reduce distress.

ADDITIONAL RESOURCES:

- TN START Assessment & Stabilization Teams | Contact Michelle Bagby: **615-532-8331** or michelle.bagby@tn.gov
Statewide resource for individuals with IDD who have complex behavioral or mental health needs. Provides prevention and stabilization through 24/7 crisis response, stabilization planning, training and education, consultation, and formalized partnerships. IDD Training available for staff. Find out more: tn.gov/didd/ast
- Center for START Services Prescribing Guidelines for individuals with IDD and co-occurring mental health needs. Find out more here: centerforstartservices.org/IDD-MH-Prescribing-Guidelines